She Fought for Them
FOUNDATION
MOORE COMPLIANCE & COMMUNITY SERVICES LLC
EMPOWERING INDIVIDUALS. STRENGTHENING COMMUNITY.
MAKING A DIFFERENCE—TOGETHER.

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GENERAL CLIENT INTAKE & CPR TRAINING REGISTRATION FORM

Thank you for choosing She Fought for Them Foundation in partnership with Moore Compliance & Community Services LLC.
Please complete this form so we can better serve you.

1. CLIENT INFORMATION

Full Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Preferred Contact Method: ☐ Phone Call ☐ Text Message ☐ Email

How did you hear about us? _____

2. SERVICE(S) YOU ARE INTERESTED IN (Check all that apply)

- ☐ CPR Training
- ☐ School Partnership / Community Service
- ☐ Basic Notary Services
- ☐ Community Support / Resources
- ☐ Other: _____

CPR TRAINING – COURSE SELECTION (Check all that apply)

- ☐ Adult & Pediatric First Aid/CPR/AED
- ☐ Child & Infant CPR
- ☐ CPR/AED Only
- ☐ Babysitter's Training
- ☐ Adult CPR Only
- ☐ BLS (Basic Life Support)*

*When Available)

3. EMERGENCY CONTACT

Full Name: _____ Relationship: _____

Phone Number: _____ Alternate Phone: _____

4. MEDICAL & ACCOMMODATION INFORMATION

Do you have any physical limitations that may affect performing CPR? ☐ Yes ☐ No

Do you need any accommodations? ☐ Yes ☐ No

If yes, please explain: _____

Do you have any medical conditions we should be aware of? ☐ Yes ☐ No

If yes, please explain: _____

5. CPR CERTIFICATION & BACKGROUND

Have you taken a CPR course before? ☐ Yes ☐ No

If yes, what type? _____

Current certification expiration date (if applicable): _____

Employer (optional): _____

Occupation (optional): _____

Why are you taking this course? _____

6. AGREEMENTS & CONSENTS

AGREE TO PHOTOGRAPH / VIDEO

I hereby grant permission for She Fought for Them Foundation and Moore Compliance & Community Services LLC to photograph and/or video record me (or my minor child) during activities, events, training, or programs. I understand these photos/videos may be used for promotional, educational, or informational purposes, including but not limited to social media, website, flyers, brochures, presentations, and other marketing materials. I may revoke this permission at any time by submitting a written request, except for materials already published.

☐ I Agree ☐ I Do Not Agree

AGREE TO TEXT MESSAGE COMMUNICATIONS

I agree to receive text messages from She Fought for Them Foundation and Moore Compliance & Community Services LLC regarding appointments, reminders, updates, programs, and important information. Message and data rates may apply. You can reply STOP to opt out at any time.

☐ I Agree ☐ I Do Not Agree

RELEASE, WAIVER & ACKNOWLEDGMENT

I understand that participation in programs and services is voluntary. I release, waive, and hold harmless She Fought for Them Foundation and Moore Compliance & Community Services LLC, its staff, volunteers, and partners from any and all liability for injury, loss, or damage that may occur while participating in programs or using services. I understand that CPR and First Aid training includes physical activity such as kneeling, chest compressions, and lifting, and I voluntarily participate.

☐ I Agree ☐ I Do Not Agree

CONFIDENTIALITY

I understand that my information will be kept confidential and used only for the purpose of providing services and support.

☐ I Agree ☐ I Do Not Agree

7. SIGNATURE

By signing below, I acknowledge that the information provided is accurate and that I have read, understood, and agree to the above terms.

Signature: _____

Printed Name: _____

Date: _____

8. ADDITIONAL INFORMATION (Optional)

Is there anything else you would like us to know?

_____

_____

_____

IMPORTANT: Please complete all sections above. Incomplete forms may delay registration.

Thank you for allowing us to serve and support you!